

STATE OF HAWAII
DEPARTMENT OF TAXATION
**NOTIFICATION OF CANCELLATION
OF GENERAL EXCISE, WITHHOLDING,
TRANSIENT ACCOMMODATIONS, OR
RENTAL MOTOR VEHICLE AND
TOUR VEHICLE ACCOUNTS**

DO NOT WRITE IN THIS AREA

01

NAME: _____

CANCEL MY ACCOUNT(S) CHECKED OFF BELOW:

GENERAL EXCISE

FOR HAWAII TAX I.D. NO. W _____ - _____ EFF: ____ / ____ / ____

MO DAY YR

FOR HAWAII TAX I.D. NO. W _____ - _____ EFF: ____ / ____ / ____
MO DAY YR

WITHHOLDING

FOR HAWAII TAX I.D. NO. W _____ - _____ EFF: ____ / ____ / ____
MO DAY YR

FOR HAWAII TAX I.D. NO. W _____ - _____ EFF: ____ / ____ / ____
MO DAY YR

TRANSIENT ACCOMMODATIONS

FOR HAWAII TAX I.D. NO. W _____ - _____ EFF: ____ / ____ / ____
MO DAY YR

FOR HAWAII TAX I.D. NO. W _____ - _____ EFF: ____ / ____ / ____
MO DAY YR

**RENTAL MOTOR VEHICLE AND
TOUR VEHICLE**

FOR HAWAII TAX I.D. NO. W _____ - _____ EFF: ____ / ____ / ____
MO DAY YR

FOR HAWAII TAX I.D. NO. W _____ - _____ EFF: ____ / ____ / ____
MO DAY YR

NOTE:

The tax licenses being cancelled must be returned to the Department of Taxation together with this cancellation form. Be sure to file your monthly, quarterly, or semiannual returns up to the date of cancellation and your final annual return by their due dates. If you are submitting this form during the fourth quarter of your tax year, you will most likely receive next year's tax return booklet(s). Please DO NOT resubmit another cancellation form if you receive next year's tax return booklet(s).

Please sign below. An unsigned cancellation notice will not be accepted.

Signature of Owner, Partner or Member, Officer, or Duly Authorized Agent

Title: Owner, Partner or Member, Officer, or Duly Authorized Agent

Date

THIS SPACE FOR DATE RECEIVED STAMP

— MAILING ADDRESS —
HAWAII DEPARTMENT OF TAXATION
P.O. BOX 1425
HONOLULU, HI 96806-1425